



**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**COMMUNITY PROGRAM SPECIALIST II**

**EXAM CODE: 5DS25**

**Final Filing Date: CONTINUOUS FILING  
DEPARTMENTAL OPEN**

**CLASSIFICATION DETAILS**

Salary Range:

\$5,518.00 - \$6,907.00 per month

Please click on the link below to review the official California Department of Human Resources (CalHR) classification specification.

[Community Program Specialist II classification specification](#)

**WHO SHOULD APPLY?**

Applicants who meets the minimum qualifications as stated below. Once you have taken the examination, you may not retake it for 6 months.

**FINAL FILING DATE**

Applications are processed on a weekly basis. All completed applications and Supplemental Application examinations submitted by the cut-off-date will be processed for that administration.

**FILING INSTRUCTIONS**

Applicants must complete and submit both the State Examination/Employment Application (Std. 678) and the Supplemental Application, found at the end of this examination bulletin. Applicants must submit a copy of their unofficial college transcripts when using education to meet the minimum qualifications for this examination. Submit documents by mail or in person to:

**FILE BY MAIL:**

Department of Developmental Services  
Attention: Examinations Unit  
1215 O Street, MS 10-14  
Sacramento, CA 95814

**FILE IN PERSON:**

Department of Developmental Services  
Attention: Examinations Unit  
1215 O Street, MS 10-40  
Sacramento, CA 95814  
Monday-Friday, 8:00 AM-5:00 PM

**FILE BY EMAIL**

Due to COVID 19 we have limited staff in office. Therefore, the preferred method of application submittal is via email. Send exam materials via email to

[examhelpdesk@dds.ca.gov](mailto:examhelpdesk@dds.ca.gov)

## **POSITION LOCATIONS**

Department of Developmental Services which includes, Headquarters (Sacramento), Sacramento County, Solano County, Orange County, Riverside County, Tulare County, and Porterville Developmental Center.

## **SPECIAL TESTING ARRANGEMENTS**

If you require special testing arrangements due to a verified disability or medical condition, mark the appropriate box on your State Examination/Employment Application (Std. 678). You will be contacted to make specific arrangements.

## **ELIGIBLE LIST INFORMATION**

An eligible list will be established for use by the Department of Developmental Services. The names of successful competitors will be merged onto the eligible list in order of final scores regardless of date. Eligibility expires twelve (12) months after it is established, unless the needs of the service and conditions of the list(s) warrant a change in this period. Competitors must then retake the examination to re-establish eligibility.

## **REQUIREMENTS FOR ADMITTANCE TO THE EXAMINATION**

All applicants must meet the experience and/or education requirements for this examination at the time the application is submitted. Your signature on the application indicates that you read, understood and possess the minimum qualifications required.

State Applications must include: "to" and "from" dates (month/day/year), time base, hours worked per week, civil service or private sector titles, and the duties performed. Applications without this information may be rejected from this examination. If using education to qualify, applicant must include copies of unofficial transcripts. College course information must include title, number of semester or quarter units, name of institution, completion dates, and degree (if applicable).

## **MINIMUM QUALIFICATIONS**

The following education requirement applies only to the non-California state service experience patterns of all four levels.

Education: Equivalent to graduation from college. (Supervisory or administrative experience in the field of developmental disabilities may be substituted for the required education on a year-for-year basis.)

### **Either I**

One year of experience in the California state service performing the duties of the class of Community Program Specialist I.

### **Or II**

One year of experience in the California state service performing budget, personnel, or administrative analysis duties in a class with a level of responsibility equivalent to that of Staff Services Analyst, Range C.

### **Or III**

Two years of experience performing analytical staff work in the field of developmental/mental disabilities including such areas as direct client care programming, program planning, and implementation of services and supports, budget analysis, personnel management, or administrative analysis. All of this experience must have included responsibility for defining

problems, analyzing facts, and preparing recommendations for action with supporting material.

(Possession of a Master's Degree in Public Administration, or a closely related field, may be substituted for one year of the required experience under Pattern III.)

**Applicants must submit a copy of their unofficial college transcripts** along with the application when using education to meet the minimum qualifications for this examination. All foreign transcripts **MUST** be accompanied by a third-party academic credential evaluation.

**OUT-OF-CLASS EXPERIENCE:** Applicant must submit copies of Out-Of-Class documentation approved by HR Office. Experience must be dated within one year of assignment completion, to use as out-of-class experience to meet the minimum qualifications for examination purposes. Employees may obtain this documentation from his/her management. Out-of-class experience without required documentation will not be considered for examination purposes.

### **EXAMINATION INFORMATION**

The examination will consist of a Supplemental Application. Candidates must attain an overall minimum score of 70% to be placed on the eligible list. The examination is designed to elicit specific information regarding each candidate's training and experience relative to the testing classification. Responses to the examination will be assessed based on pre-determined rating criteria.

#### **Supplemental Application – Weighted 100%**

### **KNOWLEDGE AND ABILITIES**

#### **A. Knowledge of:**

1. The principles and practices of public administration, budgetary preparation and control.
2. Processes of community and group interaction in developmental disabilities planning procedures.
3. Trends in developmental disabilities, public health, and public welfare.
4. Governmental accounting procedures.

#### **B. Ability to:**

1. Develop cooperative and harmonious relationships with departmental, regional center, and developmental center administrators and others.
2. Analyze, review, and provide consultation on budgets.
3. Work with professional personnel in the field relating to developmental disabilities professions in coordinating and developing services for persons with special developmental needs.
4. Analyze situations accurately and take effective action.
5. Communicate effectively.

### **VETERANS' PREFERENCE/CAREER CREDIT**

Veterans' Preference will not be granted for this examination. Career credits will not be granted in this examination.

### **EQUAL EMPLOYMENT OPPORTUNITY**

The State of California is an equal opportunity employer to all, regardless of age, ancestry, color, disability (mental and physical), exercising the right to family care and medical leave, gender, gender expression, gender identity, genetic information, marital status, medical condition,

military or veteran status, national origin, political affiliation, race, religious creed, sex (includes pregnancy, childbirth, breastfeeding and related medical conditions(s), and sexual orientation.

### **DRUG-FREE STATEMENT**

It is an objective of the state of California to achieve a drug free state work place. Any applicant for state employment will be expected to behave in accordance with this objective because the use of illegal drugs is inconsistent with the law of the state, the rules governing civil service and the special trust placed in public servants.

### **GENERAL INFORMATION**

**It is the applicant's responsibility** to contact the DDS Examinations Unit at [ExamHelpDesk@dds.ca.gov](mailto:ExamHelpDesk@dds.ca.gov) within three weeks after submitting an application if you have not received a result notice.

**Examination and/or Employment Application** (STD 678) forms are available at the California Department of Human Resources, local offices of the Employment Development Department, or on-line by logging into your [CalCareer Account](#).

**If you meet the requirements** stated on this bulletin, you may take this examination, which is competitive. Possession of the entrance requirement does not assure a place on the eligible list. Your performance in the examination will be compared with the performance of the others who take this examination, and all candidates who pass will be ranked according to their scores.

**The Department of Developmental Services** reserves the right to revise the examination plan to better meet the needs of the service if the circumstances change under which this examination was planned. Such revision will be in accordance with civil service laws and rules and all competitors will be notified.

**General Qualifications:** Candidates must possess essential personal qualifications including integrity, initiative, dependability, good judgment, and ability to work cooperatively with others, and a state of health consistent with the ability to perform the assigned duties of the class. A medical examination may be required. In open examinations, investigation may be made of employment records and personal history, and fingerprinting may be required.

**Eligible Lists:** Eligible lists established by competitive examination, regardless of date, must be used in the following order: 1) sub-divisional promotional, 2) departmental promotional, 3) multi-departmental promotional, 4) service-wide promotional, 5) departmental open, 6) open. When there are two lists of the same kind, the older must be used first. Eligible lists will expire in one to four years unless otherwise stated on the bulletin.

### **CONTACT INFORMATION**

Department of Developmental Services  
1215 O Street, MS 10-40  
Sacramento, CA 95814  
[ExamHelpDesk@dds.ca.gov](mailto:ExamHelpDesk@dds.ca.gov)

California Relay Service for the Deaf or Hearing Impaired from TDD phones call: 1-800-735-2929 or from voice phones call: 1-800-745-2922.

DEPARTMENT OF DEVELOPMENTAL SERVICES (DDS)



**COMMUNITY PROGRAM SPECIALIST II**

SUPPLEMENTAL APPLICATION

The COMMUNITY PROGRAM SPECIALIST II (CPS II) examination is being administered as a Departmental OPEN, Continuous file examination for the Department of Developmental Services. This is a Training and Experience (T&E) examination and consist solely of a Supplemental Application and accounts for 100% of the examination. Applicants successful in the examination will be placed on an eligible list, which will be used to fill vacancies at DDS, headquarters and Developmental Centers.

The examination is designed to elicit a range of specific information regarding each candidate's knowledge, skills and abilities to successfully perform the duties of the CPS II classification. The score a candidate receives is based upon an evaluation of the responses provided in the Supplemental Application. The examination utilizes a predetermined rating criteria and an established rating scale.

Applicants **MUST** read and follow the directions on the following pages and complete and submit the required documents for acceptance into the examination. The information you provide on the Supplemental Application may be used for any portion of the selection and/or recruitment process.

**HOW TO APPLY?**

**Complete and submit** the following documents listed below to be admitted into the exam:

1. Supplemental Application - located on the following pages
2. Standard State Application (STD. 678)
3. Unofficial college transcripts or degree when using education to meet the minimum qualifications for this examination (If applicable)

**Submit to:**

Department of Developmental Services  
1215 O Street, MS 10-40  
Sacramento, CA 95814  
Attention: Bryce Miller

**Contact Information:** After reading the entire Examination Bulletin and Supplemental Application, if you have questions contact Bryce Miller at [Bryce.Miller@dds.ca.gov](mailto:Bryce.Miller@dds.ca.gov)

## **COMMUNITY PROGRAM SPECIALIST II**

### **SUPPLEMENTAL APPLICATION INSTRUCTIONS**

Please read the instructions prior to proceeding to the “**Supplemental Application**” examination. This Supplemental Application consists of three “SCALES”. Utilizing the THREE SCALES (A-C) below, you will rate each job-related task statement as it applies to you. You will assign one rating from each of the three scales for every task statement.

The three scales include; two Rating Scales (Scale A & B) and one Reference Code (Scale C). If any of the scales are left blank your supplemental application will not be accepted and you will be disqualified from the exam.

#### **SCALE A - LEVEL of Experience/Training/Education)**

Instructions: In Scale A – (Rating 1-5), assign one rating for the LEVEL of Experience (Training and/or Education) you have performing a specific job-related task. You may also refer to formal education, training and/or on the job experience (paid and/or volunteer).

##### **Scale A: (Ratings 1-5)**

- 1 = NO work experience, training and formal education
- 2 = Have acquired training and/or formal education ONLY
- 3 = Have work experience and/or on the job training ONLY
- 4 = Have work experience, training and/or formal education
- 5 = Have work experience in a supervisory capacity and training and/or formal education

#### **SCALE B – LENGTH of Time**

Instructions: In Scale B – (Rating 1-5), assign one rating for the Length of time you have performed and/or received training in a specific job-related task on the following pages.

##### **Scale B: (Ratings 1-5)**

- 1 = NO work experience, training and formal education
- 2 = Less than 1 year work experience, training and/or formal education
- 3 = 1 to 3 years work experience, training and/or formal education
- 4 = 3 to 5 years work experience, training and/or formal education
- 5 = More than 5 years work experience, training and/or formal education

# COMMUNITY PROGRAM SPECIALIST II

## SUPPLEMENTAL APPLICATION

### **SCALE C – Reference Code (A-E)**

Instructions: In Scale C (reference code A-E), List reference verification information of persons that can verify your experience, training and/or education. A reference (code A-E) can include previous/current Employers, Trainers and/or Teachers/Instructors. DO NOT list personal references (friends or family members).

#### **Code A**

Name of Reference: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employment Title: \_\_\_\_\_

#### **Code B**

Name of Reference: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employment Title: \_\_\_\_\_

#### **Code C**

Name of Reference: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employment Title: \_\_\_\_\_

#### **Code D**

Name of Reference: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employment Title: \_\_\_\_\_

#### **Code E**

Name of Reference: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employment Title: \_\_\_\_\_

## COMMUNITY PROGRAM SPECIALIST II

### SUPPLEMENTAL APPLICATION

<b>SCALES</b>	<b>SCALE A</b> 1. <b>NO</b> work experience, training and formal education 2. Have acquired training and/or formal experience, education <b>ONLY</b> 3. Have work experience and/or on the training job training <b>ONLY</b> 4. Have work experience, training and experience, formal education 5. Have work experience in a training supervisory capacity and training  <b>SCALE B</b> 1. <b>NO</b> work experience, training and formal education 2. Less than <b>1yr.</b> of work training and/or formal education 3. <b>1-3 yrs.</b> of work experience, and/or formal education 4. <b>3 to 5 yrs.</b> of work training and/or formal education 5. <b>5+ yrs.</b> of work experience, and/or formal education and/or formal education  <b>SCALE C</b> Assign reference code (A-E)	<b>SCALE A - Rating</b>	<b>SCALE B - Rating</b>	<b>SCALE C - Code A-E</b>
	<b>TASK STATEMENTS</b>			
1.	Experience/training/education working in a one on one setting with persons with developmental and/or mental disabilities.			
2.	Experience/training/education interpreting policies and standards, and/or State statutes and regulations (i.e. Lanterman Act).			
3.	Experience/training/education in the field of developmental disabilities and the service delivery system in California.			
4.	Experience/training/education providing technical assistance or training to stakeholders (e.g., consumers, parents, representatives of agencies, regional centers, community service providers).			
5.	Experience/training/education collaborating with various stakeholders (e.g., consumers, parents, representatives of agencies, regional centers, community service providers).			
6.	Experience/training/education communicating verbally and in writing with various stakeholders (e.g., consumers, parents, representatives of agencies, regional centers, community service providers).			
7.	Experience/training/education utilizing Microsoft Office applications to create basic documents, spreadsheets and presentations.			
8.	Experience/training/education analyzing written policies and procedures to ensure compliance with current statutes and regulations.			
9.	Experience/training/education analyzing large quantities of information and/or data from a variety of sources (e.g., files, correspondence, computer databases) to ensure the accuracy of the information.			
10.	Experience/training/education organizing and maintaining large quantities of information and/or data from a variety of sources (e.g., files, correspondence, computer databases).			
11.	Experience/training/education acting as a lead over a group project.			
12.	Experience/training/education assisting with problem solving and determining the most effective course of action.			



## COMMUNITY PROGRAM SPECIALIST II

### SUPPLEMENTAL APPLICATION

<b>SCALES</b>	<b><u>SCALE A</u></b> 1. <b>NO</b> work experience, training and formal education 2. Have acquired training and/or formal experience, education <b>ONLY</b> 3. Have work experience and/or on the training job training <b>ONLY</b> 4. Have work experience, training and experience, formal education 5. Have work experience in a training supervisory capacity and training	<b>SCALE A - Rating</b>	<b>SCALE B - Rating</b>	<b>SCALE C - Code A-E</b>
	<b><u>SCALE B</u></b> 1. <b>NO</b> work experience, training and formal education 2. Less than <b>1yr.</b> of work training and/or formal education 3. <b>1-3 yrs.</b> of work experience, and/or formal education 4. <b>3 to 5 yrs.</b> of work training and/or formal education 5. <b>5+ yrs.</b> of work experience, and/or formal education and/or formal education			
	<b><u>SCALE C</u></b> Assign reference code (A-E)			
<b>TASK STATEMENTS</b>				
13.	Experience/training/education performing work duties independently and ensuring work is completed in an accurate and timely manner.			
14.	Experience/training/education prioritizing workload and ensuring timelines are met.			
15.	Experience/training/education cooperatively performing work tasks in a team environment for the benefit of the unit.			

This is the end of the Supplemental Application and concludes the examination. Complete the following personal information and select the location(s) that you are willing to accept employment.

Select county locations you are willing to accept employment:

- (3400) Sacramento County
- (3308) Riverside County
- (3004) Orange County
- (5403) Tulare County
- (4907) Solano County
- (0000) All locations within California

Candidate Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_(Home) \_\_\_\_\_(Work)

E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I certify and understand that my original signature certifies that all statements made in this Supplemental Application is true to the best of my knowledge.*